

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-042200

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 120

Primary Registration District No. 5444

Registrar's No. 114

FILED DEC 11 1962

1. PLACE OF DEATH

a. COUNTY

Gentry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Athens TownshipLength of stay in 1b
lifetimec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION W. of AlbanyInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Gentry

c. CITY
OR TOWN AlbanyInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

JAMES

Middle

ROLLY

Last

BURTON

4. DATE
OF DEATH

Month

Day

Year

December 4, 1962

5. SEX
M6. COLOR OR RACE
W7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
2/16/19439. AGE (last birthday)
19IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
farming10b. KIND OF BUSINESS OR INDUSTRY
agriculture11. BIRTHPLACE (City and state or country)
Albany, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Clarence Burton

13b. MOTHER'S MAIDEN NAME

Anna Wood

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Clarence Burton Albany, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Head (Skull) fracture - multiple
fracture & crushing of body
Gasoline fire, burning entire
body when tractor overturned
Caught fireConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH

5 minutes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II)
Tractor overturned while driving
in dark & went into ditch.20c. TIME OF
INJURY
7:30 p.m.Month, Day, Year
12-4-6220d. INJURY OCCURRED
WHILE AT WORK ☒
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
Farm near Albany, Mo20f. CITY, TOWN, OR LOCATION
near Albany, Mo
COUNTY Gentry STATE Mo

21. I attended the deceased from

Death occurred at

7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. J. H. Barnes, D.O. Gentry Co. Coroner

22b. ADDRESS

King City Mo

22c. DATE SIGNED

12-5-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
burial

23b. DATE

Dec 8, 1962

23c. NAME OF CEMETERY OR CREMATORY

Grandview

23d. LOCATION (City, town, or county)

Albany Missouri

24. FUNERAL DIRECTOR

ADDRESS

Brooks-Cochell Funeral Home Albany, Mo.

25. DATE RECD. BY LOCAL REG.

12-6-62

26. REGISTRAR'S SIGNATURE

Miss L. W. Bane

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10380

20380

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99/21

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12 91-3

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Coakley

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.